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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/430,366 Confirmation No.: 2813

First Named Inventor: Mark T. Ramsbey Filing Date: October 28, 1999

Group Art Unit: 2813 Examiner: Chen, J.

Atty. Docket No.: M-7523 US

Title: Polished Flash Process With Metal Gates And Improved Planarity

Assignee: Advanced Micro Devices, Inc.

San Jose, California
November 12, 2002

BOX RCE
COMMISSIONER FOR PATENTS
Washington, D. C. 20231

REQUEST FOR CONTINUED EXAMINATION (RCE)

Dear Sir:

This is a Request under 37 C.F.R. § 1.114 for Continued Examination of the above-identified application.

Please consider the amendment, which is enclosed.

The RCE fee required under 37 C.F.R. § 1.17(e) is authorized in an accompanying transmittal letter.

Please contact the undersigned attorney at (408) 453-9200 with any questions concerning this request or the above-identified patent application.

EXPRESS MAIL LABEL NO:

EV 160 611 705 US

Respectfully submitted,

Norman R. Klivans
Attorney for Applicants
Reg. No. 33,003
LAW OFFICES OF SKJERVEN MORRILL LLP
25 Metro Drive, Suite 700
San Jose, CA 95110

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25 Metro Drive
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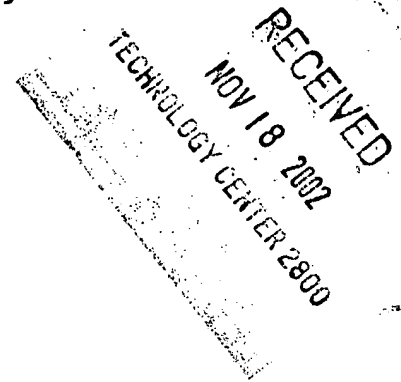
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skjervemorrill LLP



November 12, 2002



Box RCE
Commissioner For Patents
Washington, D.C. 20231

Re: Application No.: 09/430,366 Confirmation No.: 7206
First Inventor: Mark T. Ramsbey Filing Date: October 28, 1999
Group Art Unit: 2813 Examiner: Chen, J.
Atty. Docket No.: M-7523 US
Title: Polished Flash Process With Metal Gates And Improved Planarity
Assignee: Advanced Micro Devices, Inc.

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate);
- (3) Request for Continued Examination (1 page); and
- (4) Response to Final Office Action (23 pages).

☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>	<u>Rate</u>	<u>Additional Fee</u>
Total Claims	13	Minus	20	=	0	x \$18.00	\$
Independent Claims	3	Minus	4	=	0	x \$84.00	\$
<input type="checkbox"/> Fee of \$_____ for the first filing of one or more multiple dependent claims							\$
<input type="checkbox"/> Fee for Request for Extension of Time (_____ month(s))							\$
<input checked="" type="checkbox"/> Fee for Request for Continued Examination (RCE)							\$ 740.00
<u>Total additional fee for this Amendment:</u>							\$
<input checked="" type="checkbox"/> Please charge our Deposit Account No. 19-2386 in the amount of							\$ 740.00
<input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386.							

EXPRESS MAIL LABEL NO:

EV 160 611 705 US

Respectfully submitted,

Norman R. Klivans

Norman R. Klivans
Attorney for Applicants
Reg. No. 33,003

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